

# IDAHO MEDICAID SPEECH-LANGUAGE PATHOLOGY PRIOR AUTHORIZATION

*Please Post!*

- Every eligible Medicaid participant has a benefit of 40 medically necessary speech-language pathology visits per calendar year.
- Additional visits must receive prior authorization from Medicaid.
- To find out if a participant has previous visits at another location, contact the Idaho Medicaid billing contractor at (800) 685-3757.

**To receive prior authorization for more than 40 visits, please fax the following documents to Idaho Medicaid, Attn: Speech-Language Pathology Prior Authorization at: (208) 332-7280:**

1. Participant's Medicaid ID number and your Medicaid provider number.
2. Current Plan of Care signed and dated by the physician, completed every 30 days for acute conditions and six months for chronic conditions, which identifies the diagnosis, modalities, goals, frequency and duration of treatment, and the number of visits being requested.
3. A current speech-language pathology evaluation (within the last year).
4. Copies of any therapy notes within the last 30 days indicating the participant's progress towards their individualized goals.
5. Speech-language pathology progress report or re-evaluation as appropriate; must have at least one completed within the six months for chronic conditions. This documentation should demonstrate why the therapy is beneficial to the participant, and should include updates on measurable goals.
6. Expected amount of additional visits needed, to include dates of service (start and end date) to be covered. Please indicate the date you wish the prior authorization to begin.
7. If the participant also receives therapy through school based services, please submit the IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan) if applicable.

Once we receive these materials we will fax you with a prior authorization number within 24 hours. For questions please call (208) 364-1989.

*Thank you!*

